

Direct Deposit Authorization for Commission Payments

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to authorize direct deposit for my commission payments to ensure efficient and timely transactions. Please find my bank account details below:

Account Holder Name: [Your Name]
Bank Name: [Your Bank Name]
Account Number: [Your Account Number]
Routing Number: [Your Routing Number]

By signing this letter, I authorize [Company Name] to initiate direct deposits into my account for all commission payments.

Thank you for your attention to this matter. If you need any further information or verification, please feel free to contact me.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]